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U. S. DISTRICT COURT MID. DIST TENN

		IN THE UNITED	STATES DISTRICT COURT WID. DIST. TENN.
	FOR T	TE Danal	DISTRICT OF TENNESSEE
•		Colinb	DISTRICT OF TENNESSEE DIVISION
	Jason lyles	Name)
, ·	Prison Id. No. 🗷		 (List the names of all the plaintiffs filing this lawsuit. Do not use "et al." Attach additional sheets if necessary.
	D Id N-		(Civil Action No. 135)
	Prison Id. No Plaintiff(s)) (To be assigned by the Clerk's) office. Do not write in this space.)
			<u> </u>
γ.) Jury Trial □ Yes □ No)
			ý
Č. MAL	noch grorape	Name Center Name	(List the names of all defendants) against whom you are filing this) lawsuit. Do not use "et al." Attach
	Defendant(s)) additional sheets if necessary.)
			ATION OF CIVIL RIGHTS TO 42 U.S.C. § 1983
P	REVIOUS LAWSUITS	(The following inf	formation must be provided by each plaintiff.)
Α.			s in this lawsuit filed any other lawsuits in the dle District of Tennessee, or in any other federal
	□ Yes	No	
В,	If you checked the bo	x marked "Yes" ab	ove, provide the following information:
	1. Parties to the pre		
	-	17000 Terlloute	
	Plaintiffs		
	Defendants	•	

I.



2. In what could did you me me previous tawsuit?
(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.
3. What was the case number of the previous lawsuit?
4. What was the Judge's name to whom the case was assigned?
5. When did you file the previous lawsuit?(Provide the year, if you do not know the exact date.)
6. What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending?
7. When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.)
8. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.
□ Yes □ No
(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)
II. THE PLAINTIFF'S CURRENT PLACE OF CONFINEMENT (The following information must be provided by each plaintiff.)
A. What is the name and address of the prison or jail in which you are currently incarcerated? Mayry Lowery Jail 1300 laws on white dr
B. Are the facts of your lawsuit related to your present confinement?
Yes 🗆 No
C. If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.
D. Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison? U Yes U No
• • • • • • • • • • • • • • • • • • •
Casey1i13.cok201135oxDaatkeenN1," Filode10/3q/13tioRapp 2 of 15 PageID #: 343

E. If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?
□ Yes □ No
F. If you checked the box marked "Yes" in question II.E above:
1. What steps did you take?
2. What was the response of prison authorities?
G. If you checked the box marked "No" in question II.E above, explain why not.
H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?
Yes D No
I. If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility? DYes DNo
J. If you checked the box marked "Yes" in question II.I above:
1. What steps did you take? <u>Filled out medical Reguest forms</u>
2. What was the response of the authorities who run the detention facility? I wat
L. If you checked the box marked 'No" in question II.I above, explain why not.
Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.
III. PARTIES TO THIS LAWSUIT
A. Plaintiff(s) bringing this lawsuit:
1. Name of the first plaintiff: Jason 14185
Prison Id. No. of the first plaintiff: 00 412184
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Address of the first plaintiff: 1300 lawson white Dr
Columbia TN 38401 (Include the name of the institution and mailing address, including zip code. If you change your address you must notify the Court immediately.)
2. Name of second the plaintiff:
Prison Id. No. of the second plaintiff:
Address of the second plaintiff:
(Include the name of the institution and mailing address, including zip code. If you change your address you must notify the Court immediately.)
If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.
B. Defendant(s) against whom this lawsuit is being brought:
1. Name of the first defendant: ENOCK George
Place of employment of the first defendant: <u>maury tounty</u> Sheirest
The first defendant's address: 1300 lawson white Dr Columbia To
Named in official capacity? If Yes I No Named in individual capacity' Yes I No
2. Name of the second defendant: Marry Country Medical Center
Place of employment of the second defendant:
The second defendant's address: 1300 lawson white De
Named in official capacity?
If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where there they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ in. x 11 in. paper. Write

Jason lyles came to the Ten Days being in Here. I went to the Hurses Maures County Jail Playof the Murse I told Him Right off that I have life time care on my Right shoulder threw the bone and Joint clinic with my Doctor in they Adams its threat worker comp I had suggery Kight R8tater Cuff and the cartlegale around Did not Heal all the way and the Doctor believe that I have a slight I filled out medical Request letting after being in juil a week my bones shift in my left and Right Shoulder all from Dairo the buse know that In in Different push ups and Mi rollar Bones can't Sleep on my Right or left state ducise its Reasond to my needs it's arms Respond Ich Really Wording. Brew over 2 months and still Varol phy ing Basketball my knee papped out of place. told them Back in august that I my knee But an Sept 12, 2013 my knee papel out and the Nurse flevel Came on got me had form legiments IN a wheel chair T doubland walk and put me in all so thou took a holding nell to wait take me to the bane and isintalinic The C.D up front in Booking District Haura from Pissam Fill 12:45 pm in So much pain didn't make it to the Doctor till 1100pm

RELIEF REQUESTED: Specify what relief you are requesting against each defendant.

like at least 500,000 from medical center

least Soo,000 from Enoch George County Sherreff Department.

would at least like

a Reasonable amount I also would like this to go public of the model center model

Case 1:13-cv-00135 Document 1 Model 10/90/13 Page's of 15 Margord # (\$465 are model) I request a jury trial. O Yes

and when I finally made it to the Bone and joint Clinic they Dowe X-Rays and told me that they was going to make me an appointment to Have a MRT Done and on that fursday Sept 17, 2013 I went to Maury Regional Hospital to Have my MFT Dove So I had that done and an Sept 24,2013 I went Back to the Bone and joint Clinic to god my Result from my MRI and the Doctor as K. me did I Have a old injury I fold him yes found legiments the doctor said yes course my legiments id my left knee is Completely gone plus on both Sides of my left knee I have faces and I have a dare in the back part of my knee were the Soft part is it has a dare in it to and pluse I have a torn ACL a form MCL and all that thoppen from this INJury on the Keck youd The doctor told me to stay in a wheel chair they brought me Back to the fail and put me in a Observation Call for 4 days I only got and for one flour to use the phone and fate a Shower I Had to do everything on my an I didn't Have any flelp I had to take a shower in a word Handicap Shower Standing on one leg it was very Head I had to HVESS MYSELF the best way I doubt cause I couldn't Board my Kree at all They would not give me any pain mediciale at all they would not give me a ver pack lite Case 1:13-cv-00135 Document 1 Filed 10/30/13 Page 6 of 15 PageID #: 347

the Doctor Said Do for me to apply Ice to my thee Daily as He sent on His prescripterious the Nurses the Do nothing the Doctor Order them to Do But give me IB prophery 300 and that didn't help at all for my pain they took me out of Observation refler 11 days danse Someone was sick throwing up and they moved me to Medical Max So they called it in a Cell with another innate after telling me I couldn't Be around No other inmates in a wheel that I even went out on feet with about 15 to 20 people after this was Said to become I neked to go back to the North Side of the Jail Because they that me tocked Down for 23 Hours and only had one Hour to use the phone and take a sticker they was letting us out in Reck at \$200 am and 9100 am in the mouning I couldn't talk to my wife and kids of that time of mourning So I ask to go Back to the Northside to general population So I doubt to the my wife and kids and let them know what going on with me but they mouldn't let me because they Said I couldn't Be around cayone in a wheel chair But I'm lock Days in Max 23 and I doming out on Reck with about 15 or 20 other immates and Im lock down Back there in New were all the violent Criminals are the Murderers the Robbers the Ropost

every kind of violent Criminal you can think of But I amid go Brock do the Abrilisia's ch the jent were I was crisinally Housed at with all won Wolend offenders in a open pod were I'm able to use the phone or use the Kost Room ar Shower conviling I would and it has a handling) Shower But the Newses and the C.O's weetend lot me stonic Back to the Worth Side to my pad 6.18 instead I had to set in Super max and lock Down like I done Something wrong in Cell 230 M. the Nastyest conditions I every Seen the air vent was so kusty that the wall around it and under it was Rusting to all 4 walls was stained with what looks lake pee mold Rust there was every a bigger collection Someone Hood mode going along the top of the wall above the top bunk and our toiled the cellinext to us whenever they use the Krist Room there Boo Boo and pee Comes up in our toilet So when we wake up in the Mournings our foiled was full of Boo Boo and pee the cell Stinks and the pall looks like it haven't Bren ellegnood in years its the Some way in 618 the OPEN ood were Im Originally House & there are 4 toilets one tailet has been cloud up for over 2 months Black longs are flying around every failet Case 1:13-cv-00135 Document 1 Filed 10/30/13 Page 8 of 15-PageID #: 349

	every foilets sinks every Rest Room erren quells
	like per and from all my complaints and filling
	and medical request they will not respond about
	my shoulders my knee the Doctor Said He
	is scared to Do sugery on my knee Right NOW
	Mause He scared I'll hove a Stiff knee and
	that was an Sept 24,2013 the last divine I seen
	er dolk do dhe Doctor He want me to Do exercises
	to strengthen my knee but ever since then my
	Bone in my knee shifts out of place more
	I cont sut glot of pressure on my time
	In still in pain and The born writing the _
	Wurses I've had No Response Im wearing a
	Brace on my knee. there's wething holding my
	Bone in place dance everything is form anyway
·	I move it turn it my bone Shifts out of place
	The Complained and Camplained to the nurses No Response
	about my shoulders and there So I worma file lawsuites
	sebout my medical issues and unsainidary living
	Conditions the three showers in our pad the walls are
	molded Stained just and Right washing we have to wear
	our flip flops in the showers cause the floors are
	so mosty immates containing shaff it's Not safe to be
<u> </u>	in this jail I've Complained filled out medical Request
	trying to let the Nurses know that Ton in pain
	I even ask the C.O's ta falk to the Norse
1	

We immates can never talk to the newse or eater up with them because the Nurses are always outside smoking ligerates or they are gone by 3:30 pm my shoulders are hurling me Bod my knee is harting me Bood it's Best to have to walk around with a knee Brace with everything torn in your knee No Legiments holding your bone in place my Bone Shifting out of place as I walk or move my leg anyway the Nurses and the C.O's locked ME down for my knee and Being in a wheel chair Because they Say Im vonerbal to an attack if anyone was to try and fight me or jump me I can Heart my knee worser than what it is if that was to happen well I'm in a pool with about 50 or more people with my knee and Shoulders being in the shape that they are in Bod . I ask the Nurse for an extra matt to sleep on becouse the matt they give us to sleep on are so this it's like sleeping on metal itself or the Concrete floor a Roll of tissue is thicker than the matts we sleep on So I ask for an extra one So I can Sleep better course of my shoulders and my left knee He told me No that I would Have to go to medical max lock clown to get a extra matt. living Conditions are Horrible. The food

they feed us is Harrible the smallest pourshin of food you can ever see I've went Days and Days without Bowl movements they feed 45 the Samethings everyDay our last meal is at 3:30 pm I have sikle cell trate my Iran Stay low and my Booky Stay weak and the fail know this from the very first time I came to garlyear ago Im easily to get sick and the jail and the Nurses Here refuses to give you anything extra or anything More for any condition you are in I hart myself Here playing basket ball and the Reck yard beginse the gail wont let us play Basket Ball in our tennic Shore we Have to play in their flip flops So my Knee paps out of place Boodly . I Jason lyles will like to file a law suite on my medical Conditions my Unsainidary living Condidions my Health Care Im a state immate Belonging to T.D.O.C Being Held in Maury County Correction facility Slash Jail I Don't get No Conversary Nothing a State in mate is allowed. We have to get water out of the fair Sinks that over 50 or more people wash they hands brush there teeth spitt Boo Boo and pee in we Have to Drink the Same warm waster out of the Sinks Connected to those failets that is fifthy Reaks with per smell stains mold on the walls Dried up blood

all kinds of stuff Dried up on the walls and sinks and foilets of all four bath Rooms all three Showers the Same way. The innates that Been in and out of This Jail for years they lowe there wash Cloths towls underwears and this pail Maury County Sheireff Department Enoch George washes and passes out all the old towls and evash Cloths to Us in mates to Use on our Badies and the towls and wash Cloths are still a Dirty Brown Color and Stinks and you Can even Still See the Names of the Old inmates on the wash Cloths and lowls that they passiout to Us on a daily Bases They take our property and tell us that there being thrown away for Hanging our towls and Rags on our Bunks and the Next! Day We will See our on towls and Cloths on the Uniform and towl Rack Bring passed out to other inmates to use. They Don't text Novie of there immates for any kind of Diseases STD's Nothing They Don't lest for aids Nothing just throw is all in Here . They Have Recently Born finding Snakes on the Women Side of the jail inside a womans bunk under a womens matt over Here on the Men Side they Have found more than two snakes in the mens processing area I would like for these matters to go public

and for a News investigating team to Come in Here and Show these matters to the world this jail Need to Be shut Down fore Down This is Something to show the world the lives of jumates in the maury County Sheireff Department I Jason lyles will write more and Report more Disturbing matters We all Need Someone to Help us these things I tell the World are So very true please Help me with this law Suite please Thank you p.s Thursday 10-24-2013 I went for a follow up on my left knee and Dr. Petit of bone & Joint Clinic told me that I have to have Sugery and I need Sugery. with these New injuries to my left knee and my ACL and everything else being forn He's scared if He do the Sugery the Jail won't take me to physical Theropy 2 to 3 days a week and if I set down Here with Sugery and don't Do physical theropy I will have a stiff knee and if I don't have the Sugery He's scared that I will do further damage to my knee or eventaully end up with a stiff knee anyway I've informed Lt. Debra about this Matter and No Response, Still No Response about my Shoulders I've filled out medical Request Greivence forms everything I'm being devised my Rights. Case 1:13-cv-00135 | Document 1 | Filed 10/30/13 | Page 13 of 15 PageID #: 354

	I know that I have several different lawsuites
	I need professional Halp with these matters.
	Both my Shoulders are torn everything in and around
	my knee is form. There nothing being done about
	Whose of these matters. My first week and a Halt I
	Lost over 11 pounds Tie been Here since Aug 18, 2013
	and still Losing weight I weighted a let pourds
	when I came in Now Im down to 150,2 can
	surgre Help me Dr. Petit of bone + Joint told
	one and thing He Can do for me is give me
	Contisone Injections in my left knee until the
	Jail and the Medical Nurses Here Comes up with
	a solution.
	Thank you
,	Good hyles
And the second s	
A COLUMN TO THE REAL PROPERTY OF THE PARTY O	
_(-	
	Case 1:13-cv-00135 Document 1 Filed 10/30/13 Page 14 of 15 PageID #: 355

VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: Gasar Kyles	Date: <u>10-19-20</u> 13
Prison Id. No. <u>604/12 134</u>	
Address: 1300 Lawson white De	Colombia Tu Malla
(Include the city, state and zip code.)	
Signature:	
Prison Id. No.	
Address:	,
Include the city, state and zip code.)	

<u>ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT</u>, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed in forma pauperis will be returned. Filing fees, or applications to proceed in forma pauperis, received without a complaint will be returned.